

Hand Hygiene Policy Directive

Version No.: 2.4
Approval date: 5 August 2020

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**Government
of South Australia**

SA Health

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Hand Hygiene Policy Directive

1. Policy Statement

Hand hygiene is one of the most important measures to reduce the incidence of healthcare-associated infection and prevent the transmission of infectious diseases in the healthcare and community setting.

The objectives of this policy are to:

- > establish a uniform approach to the management of a hand hygiene program across the public health care sector
- > increase the awareness of all staff, both clinical and non-clinical, patients and the public of the importance of hand hygiene
- > provide governance that clearly outlines the responsibilities of individuals and health services in the management of a hand hygiene program.

This policy is to be read/administered in conjunction with the [SA Health Hand Hygiene Clinical Guideline](#).

2. Roles and Responsibilities

All SA Health employees or persons who provide health services on behalf of SA Health must adhere to this policy.

Chief Executive:

- > ensuring the management of hand hygiene across SA Health is in accordance with this policy.

Local Health Network (LHN) Governing Boards:

- > ensure that hand hygiene is embedded in practice and in a manner consistent with the Hand Hygiene Clinical Guideline
- > ensure that LHNs implement the provision of hand hygiene training as a required component of the orientation process for all new staff, and as part of professional development for all existing staff including volunteers and visiting staff
- > ensure the involvement of patients and carers in the hand hygiene program
- > ensure sufficient resources are in place to enable effective systems for the management of the hand hygiene program
- > ensure the health services within their area of control have systems in place that facilitate effective hand hygiene
- > ensure recommendations derived from the hand hygiene audit process are appropriately addressed and their effectiveness evaluated
- > ensure the day-to-day responsibility for establishing and monitoring the implementation of this policy is delegated to the relevant senior managers
- > ensure that there is a performance development process in place for correcting consistent individual poor hand hygiene compliance.

3. Policy Requirements

3.1. Principles

- > SA Health is committed to creating and maintaining a sustainable, high-quality care environment in which all staff, patients and visitors consistently attend to hand hygiene.

- > SA Health recognises that improving hand hygiene compliance among healthcare workers is one of the most effective interventions to reduce the spread of infectious organisms.
- > SA Health seeks to improve its service by being proactive in managing the spread of infectious organisms by conducting a comprehensive Hand Hygiene Program based on the Hand Hygiene Australia national program.

All organisations and services in SA Health will comply with the SA Health Hand Hygiene Clinical Guideline and ensure that:

- > the products used to perform hand hygiene are consistent with the current national hand hygiene initiative and made available as detailed in the Guideline
- > all staff receive education and training in hand hygiene
- > competency assessment, measurement and feedback of performance (adjusted according to the clinical setting), occurs in relation to hand hygiene procedures
- > information on hand hygiene is given to patients and the public.

3.2. Risk management

All potential risks and hazards associated with performing hand hygiene and the collection of data must be identified, actioned, documented and reported to the Local Health Network's risk management unit, and the appropriate hazard controls applied. The effectiveness of the risk controls should be regularly assessed.

4. Implementation & Monitoring

4.1. Reporting

- > All health services must adhere to standard reporting requirements that form part of the health service performance agreement.
- > Compliance data are reported to National Hand Hygiene Initiative (NHII) three times per year for those facilities submitting national data.









4.2. Evaluation

It is important that compliance with all elements of this policy is demonstrated. This will be achieved by ensuring key performance indicator reports on hand hygiene compliance are generated from data that have been collected from metropolitan and country hospitals and are provided to the relevant monitoring authorities in a timely manner.

The SA Safety Learning System can be used to demonstrate improvement in reporting and management of incidents related to breaches in hand hygiene practice.

The effectiveness of this directive will be reviewed in 2021.

5. National Safety and Quality Health Service Standards

							
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8
Clinical Governance	Partnering with Consumers	Preventing & Controlling Healthcare-Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Definitions

In the context of this document:

- > **Alcohol-based hand rub (ABHR) means:** an alcohol-containing preparation (liquid, gel or foam) designed for application to the hands in order to reduce the number of viable microorganisms with maximum efficacy and speed.
- > **Compliance rate means:** the number of correctly performed moments for hand hygiene.
- > **Hand hygiene means:** a general term referring to the process of hand decontamination which includes hand washing and/or use of waterless disinfection product
- > **Hand hygiene competency means:** the ability to demonstrate the technique required to adequately cover all hand surfaces, dependent upon the type of product used.
- > **Moment means:** an opportunity to perform hand hygiene where there is a risk of pathogen transmission from one surface to another via the hands.
- > **National Hand Hygiene Initiative (NHHI) means:** the body under the Australian Commission for Safety and Quality in Healthcare that is tasked with ensuring a national approach to hand hygiene.

7. Associated Policy Directives / Policy Guidelines and Resources

SA Health directives and guidelines

- > [Hand Hygiene Clinical Guideline](#)
- > [Healthcare associated Infection Prevention Clinical Directive](#)

Resources

- > NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare. Commonwealth of Australia. Available at: <http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/national-infection-control-guidelines>
- > World Alliance for Patient Safety: Guide to Implementation: a guide to the implementation of the WHO Multimodal Hand Hygiene Improvement Strategy. World Health Organization. Available at: https://www.who.int/gpsc/5may/Guide_to_Implementation.pdf
- > World Alliance for Patient Safety: WHO guidelines on hand hygiene in health care: First Global Patient Safety Challenge Clean Care is Safer Care. Available at: <http://www.who.int/gpsc/5may/tools/9789241597906/en/>

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- > Australian Commission on Safety and Quality in Health Care. 2013. Hand Hygiene Australia 5 Moments for Hand Hygiene Manual. Edited by Prof M.L. Grayson, P. Russo, S. Havers, K. Heard
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8. Document Ownership & History

Document developed by: Infection Control Service, Communicable Disease Control Branch

File / Objective No.: 2013-13414 | A1249466

Next review due: 5/08/2025

Policy history: Is this a new Policy Directive (V1)? **N**

Does this Policy Directive amend or update an existing Policy Directive version? **Y**

If so, which version? **V2.3**

Does this Policy Directive replace another Policy Directive with a different title? **N**

If so, which Policy Directive (title)?

ISBN No.: 978-1-76083-284-1

Approval Date	Version	Who approved New / Revised Version	Reason for Change
5/08/20	V2.3	Director, Communicable Disease Control Branch	Update references & inserted into new template
1/05/17	V2.2	Policy Executive	Scheduled review and minor updates
25/02/14	V2.1	Safety & Quality Strategic Governance Committee	Minor re-wording, update references & inserted into new template
17/09/12	V2.0	Safety & Quality Strategic Governance Committee	Update to reflect the restructure with the portfolio and are not material in nature
2/03/11	V1.1	Safety & Quality Strategic Governance Committee	Minor updates (new telephone contact number)
18/11/10	V1.0	Safety & Quality Strategic Governance Committee	Original approved version.